

ORANGE COUNTY

HIV PREVENTION PLANNING COMMITTEE Application for Voting Membership

COMMITTEE MEMBERS' ROLES

1. Demonstrate a personal commitment to confronting the HIV epidemic in Orange County.
2. Participate in the identification of HIV prevention/education needs, the establishment of funding priorities, and the preparation of a comprehensive plan for the allocation of state and federal monies to HIV prevention/education services in Orange County.
3. Promote public awareness of the HIV epidemic in Orange County.

COMMITTEE MEMBERS' DUTIES & RESPONSIBILITIES

1. Obtain a working knowledge of the Ralph M. Brown Act. (The Brown Act governs the meetings and actions of governing boards of local public agencies and their created bodies, such as the HIV Prevention Planning Committee.)
2. Understand and abide by the policies & procedures of the HIV Prevention Planning Committee.
3. Attend all scheduled committee meetings. Committee members will be subject to the attendance standards established by the committee.
4. File bi-annually a **Conflict of Interest Disclosure form**.
5. Have a working knowledge the HIV Prevention Community Planning process.
6. Assist with the orientation and mentoring of new Committee members when possible.

COMMITTEE COMPOSITION

The Orange County HIV Prevention Planning Committee is a maximum 30-member body. Nominees to the committee must meet specific conditions established by the California State Office of AIDS. Those conditions require appointment of representatives of health care, social service and mental health providers, AIDS service organizations, public health and health care planning agencies, community leaders, and state government, among others. Also, the ethnic composition of the Committee should reflect the AIDS demographics in the County to the extent possible.

HOW TO APPLY FOR MEMBERSHIP

- Complete the attached 1) Application for Voting Membership, 2) Conflict of Interest Disclosure Worksheet, and 3) Conflict of Interest Disclosure Report Form
- Send the completed forms AND YOUR RESUME to HIV Programs, P.O. Box 6128, Santa Ana, CA 92706 or fax to (714) 834-8270. If you have any questions, please call Jeanine Mumford at (714) 834-7772.

A Steering Committee will review all applicant information. The recommendations for membership will be forwarded to the Committee for final appointment. The membership term for the HIV Prevention Planning Committee is 2 years. Membership begins January 1 and concludes on December 31 of the following year. Estimated time commitment for committee members: 4 hours minimum per month.

**Orange County
HIV Prevention Planning Committee**

Application for Voting Membership

(Please Print)

Applicant's Name: _____ Date: _____

Address: _____

Telephone (home): _____ E-mail: _____

Telephone (work): _____ Fax: _____

- Can we call you at work? ☐ yes ☐ no
- Can we fax you HIV/AIDS-related materials at the above fax number? ☐ yes ☐ no
- Can we e-mail you HIV/AIDS-related materials at the above e-mail number? ☐ yes ☐ no

PERSONAL PROFILE

Please check all appropriate boxes

Gender Identity

- ☐ Male ☐ Transgender
☐ Female

HIV Status

- ☐ Negative ☐ Decline to State
☐ Positive ☐ Unknown

Age Group

- ☐ 13-19 ☐ 40-49
☐ 20-29 ☐ 50-59
☐ 30-39 ☐ 60+

Cultural/Ethnic Identity

- ☐ African American
☐ Asian (specify) _____
☐ Latino(a) (specify) _____
☐ Native American (Tribal Affiliation) _____
☐ Pacific Islander (specify) _____
☐ White
☐ Other (specify) _____

Sexual Orientation

- ☐ Heterosexual ☐ Gay Man ☐ Other
☐ Bisexual ☐ Lesbian ☐ Decline to State

CITY OF RESIDENCE

☐ **North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, Yorba Linda)

☐ **Central County** (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, Westminster)

☐ **South County** (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Lake Forest/El Toro, Mission Viejo, Rancho Margarita, San Clemente, San Juan Capistrano, Trabuco Canyon)

AFFECTED COMMUNITIES

Please indicate which perspectives you reflect either personally (pp) or as a community advocate (ca):

- | pp | ca | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | physically disabled |
| <input type="checkbox"/> | <input type="checkbox"/> | visually or hearing impaired |
| <input type="checkbox"/> | <input type="checkbox"/> | mentally ill |
| <input type="checkbox"/> | <input type="checkbox"/> | developmentally disabled |
| <input type="checkbox"/> | <input type="checkbox"/> | homeless (including local housing agents) |
| <input type="checkbox"/> | <input type="checkbox"/> | hemophiliacs |
| <input type="checkbox"/> | <input type="checkbox"/> | incarcerated |
| <input type="checkbox"/> | <input type="checkbox"/> | women |
| <input type="checkbox"/> | <input type="checkbox"/> | advocates for new immigrants & undocumented persons |
| <input type="checkbox"/> | <input type="checkbox"/> | children and adolescents |
| <input type="checkbox"/> | <input type="checkbox"/> | substance abusers |
| <input type="checkbox"/> | <input type="checkbox"/> | other |

EXPERT

Are you an expert in any of the following:

- ☐ Epidemiology ☐ Health Planning ☐ Evaluation Research ☐ Behavioral & Social Sciences
☐ Other _____

SERVICES & SERVICE PROVIDERS

Are you any of the following:

- ☐ mental health provider
☐ social service provider
☐ health care provider
☐ substance abuse provider
☐ non-elected community leader

Are you employed by, or closely associated with, any of the following:

- ☐ non-profit community-based organization
☐ local health department
☐ community health care clinic
☐ a city or other jurisdiction or special districts providing HIV services
☐ an agency receiving HIV testing and early intervention funds
☐ a hospital
☐ non-profit, health care & support service providers, and CBOs
☐ volunteer group
☐ counseling and testing programs funded by the National Centers for Disease Control
☐ Federal HIV/AIDS primary care and substance abuse programs
☐ local county substance abuse program offices
☐ Title III Early Intervention Projects
☐ HRSA-funded AIDS Education & Training Center Programs (AETC)
☐ Other federally funded AIDS Programs

EMPLOYMENT:

- a) Type of Business/Agency _____
b) Your title _____
c) Is your current employment HIV/AIDS related? ☐ yes ☐ no

d) Briefly describe your responsibilities

e) Describe your activities of community involvement. Identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions you have served on.

f) In 150 words or less, explain why you wish to serve on the Orange County HIV Prevention Planning Committee. You may attach a separate sheet, if necessary.

Affirmation of Membership Commitment

I have reviewed the attached description of the Committee members' roles, duties and responsibilities. I commit to the following:

- to participate in all Committee meetings from beginning to adjournment.
- to read and support the Orange County HIV Prevention Planning Committee's policies and procedures.
- to prepare for each meeting by carefully reading all pre-distributed materials.
- to provide information regarding needs and priorities to the Committee for planning and resource allocation.

- to make recommendations **considering the community as a whole rather than just my special interests or personal perspectives.**
- to disclose any conflicts of interest I may have relative to issues that come before the Committee.

The currently scheduled meeting times do not present a barrier to my participation. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Committee.

I certify that all statements and representations made in this application are true and correct.

Dated: _____

Signature _____

Please send your completed application and resume to:

HIV Programs, P.O. Box 6128, Santa Ana, CA 92706 Attn: Jeanine Mumford